



Arizona Immunization Program Office  
Vaccine Center  
Vaccines For Children (VFC) Program  
Voice: (602) 364-3642 FAX: (602) 364-3276

**Influenza Order**  
**Fax to 602-364-3276**

## 2010 – 2011 Influenza Vaccine Order/Reporting Form

Practice/Provider Name:		Phone & Area code:		Date submitted:	PIN
Name of person submitting form:		Fax & Area code:		Date logs begin:	Date logs end:
Total number of eligible children who have received VFC vaccine during the above time frame					
KidsCare	AHCCCS	Uninsured	Native American/Alaskan Native	Underinsured	Non VFC Eligible

Influenza age groups	Doses Administered	Doses on Hand	Manufacturer/Choice		Doses Requested
Ages 6 months through 35 months 0.25 mL prefilled syringes			Sanofi Pasteur – Fluzone	NDC# 49281-0010-25	
Ages 3 years through 18 years 0.5 mL Single dose vials			Sanofi Pasteur - Fluzone	NDC#49281-0010-10	
Ages 3 years through 18 years 0.5 mL prefilled syringes			Sanofi Pasteur - Fluzone	NDC#49281-0010-50	
			Merck – Afluria	NDC#33332-0010-01	
			GSK – Fluarix	NDC#58160-0877-46	
Ages 4 years through 18 years 0.5 mL prefilled syringes			Novartis – Fluvirin	NDC#66521-0113-02	
Ages 6 months through 18 years 5.0 mL Multi-dose vials			Sanofi Pasteur - Fluzone	NDC#49281-0386-15	
			Merck - Afluria	NDC#33332-0110-10	
Ages 2 years through 18 years Intra-nasal sprayers-LAIV			MedImmune - FluMist	NDC#66019-0108-01	

VFC will honor your **choice** based on vaccine availability.

Fax this completed form with your current temperature log to VFC at 602-364-3276.

You must record your doses administered under the correct presentation.